

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

FILED  
Mar 26 1998 8:00am  
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
--	---	--

DOCUMENT # 547614 (8)

1. Corporation Name  
RAINBOW MANAGEMENT SERVICES, INC.

Principal Place of Business

C/O TONYA COLE  
110 HEYWOOD ROAD, #16-D  
ARDEN NC 28704

Mailing Address

C/O TONYA COLE  
110 HEYWOOD ROAD, #16-D  
ARDEN NC 28704

DO NOT WRITE IN THIS SPACE

2. RAINBOW MANAGEMENT SERVICES, INC. (SJO-0087) AAA EXPRESS MAIL 1641 N.W. 79th AVE. City & State MIAMI, FLA. Zip 33126-1105 Country U.S.A.	2a. RAINBOW MANAGEMENT SERVICES, INC. (SJO-0087) AAA EXPRESS MAIL 1641 N.W. 79th AVE. City & State MIAMI, FLA. Zip 33126-1105 Country U.S.A.
--	---

3. Date Incorporated or Qualified 09/26/1977	4. FEI Number 59-1842098	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required	
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees	
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No NO ASSETS IN FLA.		

9. Name and Address of Current Registered Agent

PEELE, AUSTIN S.  
327 N. HERNANDO ST.  
LAKE CITY FL 32055

10. Name and Address of New Registered Agent

81 Name	85 Zip Code
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	FL

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PO	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BERTHELOT, LARRY	1.2 NAME	
STREET ADDRESS	92 PEBBLE CREEK DRIVE	1.3 STREET ADDRESS	
CITY-ST-ZIP	ASHEVILLE NC 28803	1.4 CITY-ST-ZIP	
TITLE	TSD	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BERTHELOT, BEVERLY	2.2 NAME	
STREET ADDRESS	92 PEBBLE CREEK DRIVE	2.3 STREET ADDRESS	
CITY-ST-ZIP	ASHEVILLE NC 28803	2.4 CITY-ST-ZIP	
TITLE		3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE		4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

Larry Berthelot

18/3/98

704-277-0117

CR2E034 (10/97)